

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAIL STOP PATENT APPLICATION COMMISSIONER FOR PATENTS P.O. BOX 1450 ALEXANDRIA, VA 22313-1450

| Transmitted herewith for filing is the continuing patent application of | OT. |
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Inventor: Suresh K. Arya, Ph.D.

For: LENTIVIRUS VECTOR SYSTEM

| Enclos | Enclosed are: | | | | | | | | | |
|-------------------------|---|--|---|--|--|--|--|--|--|--|
| \boxtimes | 70 pages of specification, 3 pages of claims, and an abstract. 29 sheets of drawings. 3 pages of an Oath or Declaration: A copy of oath or declaration filed with the prior application (37 C.F.R.§ 1.63(d)) | | | | | | | | | |
| \boxtimes | Nucleotide and/or Amino Acid Sequence Submission: Computer Readable Copy. Paper Copy (identical to computer copy), 23 pages. Statement in compliance with 37 C.F.R.§ 1.821 verifying identity of above copies. | | | | | | | | | |
| \boxtimes | Preliminary Amendment. | | | | | | | | | |
| \boxtimes | Information Disclosure Statement. Form PTO-1449 and a copy of one reference that was cited by the Patent Office in the Prior Application. | | | | | | | | | |
| | An assignment (with Recordation Form Cover Sheet) to The Government of the United States of America as represented by the Secretary of the Department of Health and Human Services. | | | | | | | | | |
| Continuing Application: | | | Information from Prior Application: | | | | | | | |
| | | Continuation Divisional Continuation-in-part (CIP) | Prior Application Number: 09/869,588 Examiner: Myron G. Hill Art Unit: 1648 | | | | | | | |

Please enter the preliminary amendment prior to calculation of fees. The fee has been calculated as shown below.

| FILING FEE | | | | | | | | |
|---------------------------------------|--------|----------|---|--------|---------|-----------|--|--|
| | Claims | Number | | Number | | Basic Fee | | |
| For | Filed | allotted | | Extra | Rate | \$770.00 | | |
| Total Claims | 25 | 20 | = | 5 | \$18.00 | \$90.00 | | |
| Independent Claims | 3 | 3 | = | 0 | \$86.00 | \$0.00 | | |
| Multiple Dependent Claim Fee \$290.00 | | | | | | \$0.00 | | |
| TOTAL FILING FEE | | | - | | | \$860.00 | | |

- A check in the amount of \$900.00 to cover the filing fee and the assignment recordal fee is enclosed.
- Assignee for this application is or will be The Government of the United States of America as represented by the Secretary of the Department of Health and Human Services, and Applicant requests that this information be listed on the published application.
- The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference herein.
- The Director is hereby authorized to charge any additional fees which may be required in connection with the filing of this application and recording any assignment filed herewith, or credit over-payment, to Account No. 02-4550. A copy of this sheet is enclosed.
- Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

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cc: Docketing